

1 PLACE OF DEATH
COUNTY OF ESMERALDA

NEVADA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
DUPLICATE CERTIFICATE OF DEATH

TOWN OF New Lida
OR
CITY OF _____

State Index No. _____
LOCAL REGISTERED NO. _____

(No. _____ St. Lida Ward)

(If death occurred in a hospital or institution, give the NAME instead of street and number, and fill out No. 18.)

*Full Name GEORGE M. WOOD

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	3 State Married <u>Divorced</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>September Unknown</u> 19 <u>60</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from _____ 192__ to _____ 192__ that I last saw h. _____ alive on _____ 192__ and that death occurred on the date stated above at _____ M. The CAUSE OF DEATH* was as follows: <u>Coronary Jany Verdict</u> <u>Acute Coronary Thrombosis</u> (Duration) _____ yrs. _____ mos. _____ ds. Contributory _____ (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>Fred W. Bremer, Coroner</u> M.D. <u>9/30</u> 19 <u>60</u> (Address) <u>Goldfield, Nev.</u> *State the Disease Causing Death, or, in Death from Violent Causes, state (1) Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal
2 DATE OF BIRTH <u>April 30</u> 18 <u>94</u> (Month) (Day) (Year)	5 AGE <u>66</u> yrs. <u>5</u> mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.	6 OCCUPATION (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>Metal Mines</u>	18 SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents Former or Usual Residence _____ How long at _____ Days Where was disease contracted, if not at place of death? _____	
7 BIRTHPLACE (State or country) <u>Melrose, Mass</u>	10 NAME OF FATHER <u>James Edwark Wood</u>	11 BIRTHPLACE OF FATHER (State or country) _____	19 PLACE OF BURIAL OR REMOVAL <u>Longfak Cemetery</u>	DATE OF BURIAL <u>9/21</u> 19 <u>60</u>
8 MAIDEN NAME OF MOTHER <u>Mary Jane Brown</u>	12 BIRTHPLACE OF MOTHER (State or country) _____	13 THIS ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Esmeralda Co. Courthouse</u> (Address) <u>Goldfield, Nevada</u>	20 UNDERTAKER <u>W. F. Logan</u>	ADDRESS <u>Longfak, Nev.</u>
13a LENGTH OF RESIDENCE At place of Death <u>22</u> years _____ mos _____ ds. In Nevada <u>22</u> years _____ mos _____ ds.	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Esmeralda Co. Courthouse</u> (Address) <u>Goldfield, Nevada</u>		15 FILED _____ 192__ Subregistrar. FILED _____ 192__ Registrar or Deputy.	